

Barriers and Strategies for Universal Offering and Accepting of Perinatal HIV Counseling and Testing in Los Angeles County: Pregnant Women's and Providers' Perspective



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Pediatric Spectrum of HIV Disease

Introduction (I)

- **January 1, 1995**: LAC mandated all county clinics and hospitals offer universal voluntary HIV counseling and testing to all pregnant women
- **January 1, 1996 (Senate Bill (SB) 189)**: State of California mandated all prenatal care providers offer HIV information, counseling and testing (either directly or through referral) to all prenatal patients and documents that HIV information and counseling has been offered

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Introduction (II)

- Women with prenatal care in Los Angeles County:
 - Not offered testing 5% - 15%
 - Not accepting testing 8% - 50%
 - Are not re-tested later in pregnancy
- HIV infected women with no prenatal care 7 % - 20%
- Despite declining rates of maternal-infant HIV transmission, some HIV-infected women are still not identified prenatally

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Objectives

- To identify barriers and strategies of universal offering and accepting of perinatal HIV counseling and testing in Los Angeles County (LAC), we:
 - 1 Interviewed pregnant women after a prenatal visit and asked about HIV testing and counseling
 - 2 Surveyed private OB/GYN practices in LAC using the ACOG directory and hospital lists of on-staff
 - 3 Evaluated the availability of HIV educational materials specific to pregnant women at prenatal clinics

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Methods

- Between July 2000 and August 2001, 826 pregnant women were interviewed after a prenatal visit at 33 public and private clinics in LAC.
- Interviews were conducted both in English and Spanish
- Most interviews were performed after their first prenatal visit, random interviews were performed post-partum. .
- Variable collected

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Demographic Characteristics of Women Interviewed (n=826)

	<u>N</u>	<u>(%)</u>
Race/Ethnicity:		
White	85	(10.3)
African-American	118	(14.3)
Hispanic	596	(72.2)
Asian/Pacific Islander	19	(2.3)
Other	8	(1.0)
Country of birth:		
US	330	(40)
Non-US	496	(60)
Year Immigrated to US:		
Before 1990	326	(66.7)
1990 - 1996	90	(18.1)
1997 - 2001	80	(16.1)

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Demographic Characteristics of Women Interviewed (n=826)

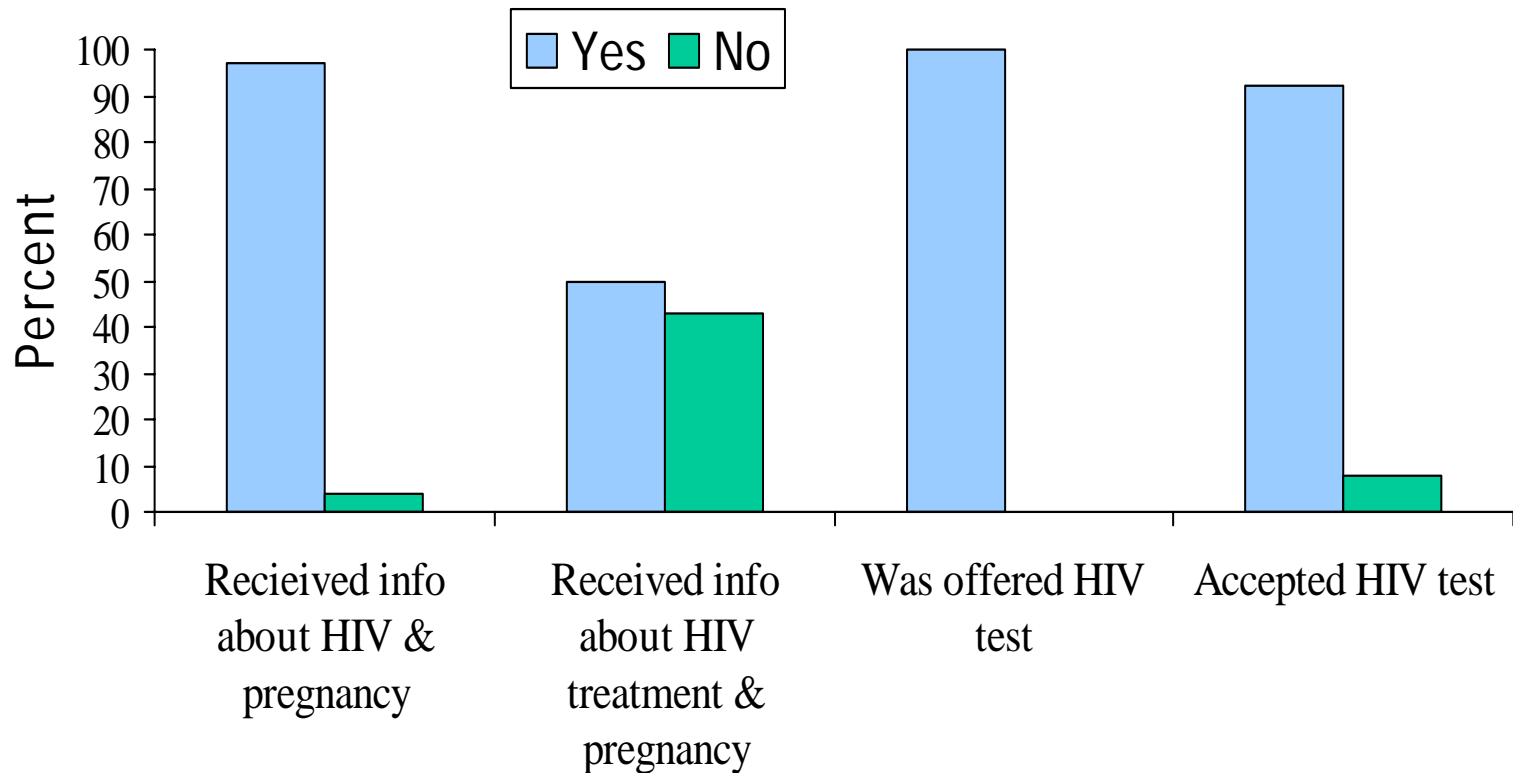
	<u>N</u>	<u>(%)</u>
Age:		
13 - 19	109	(13)
20 - 24	229	(28)
25 - 29	229	(28)
30+	255	(31)
Mean	26	
Insurance:		
MediCal	660	(80)
Pending MediCal	127	(15)
Private/self	15	(2)
None	14	(2)
Other	10	(1)

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HIV Testing & Counseling, LAC, 02/02

(n=826)

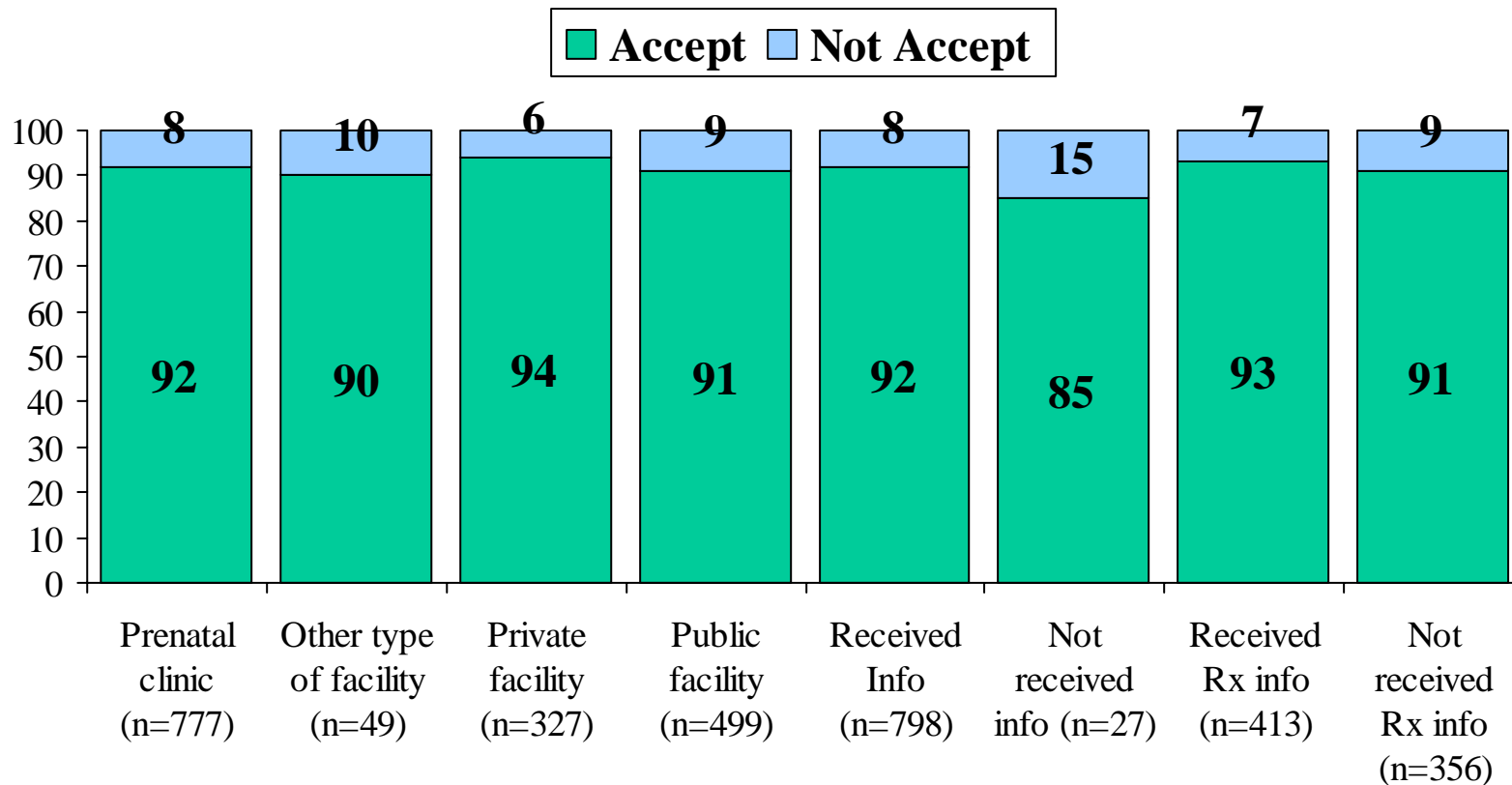


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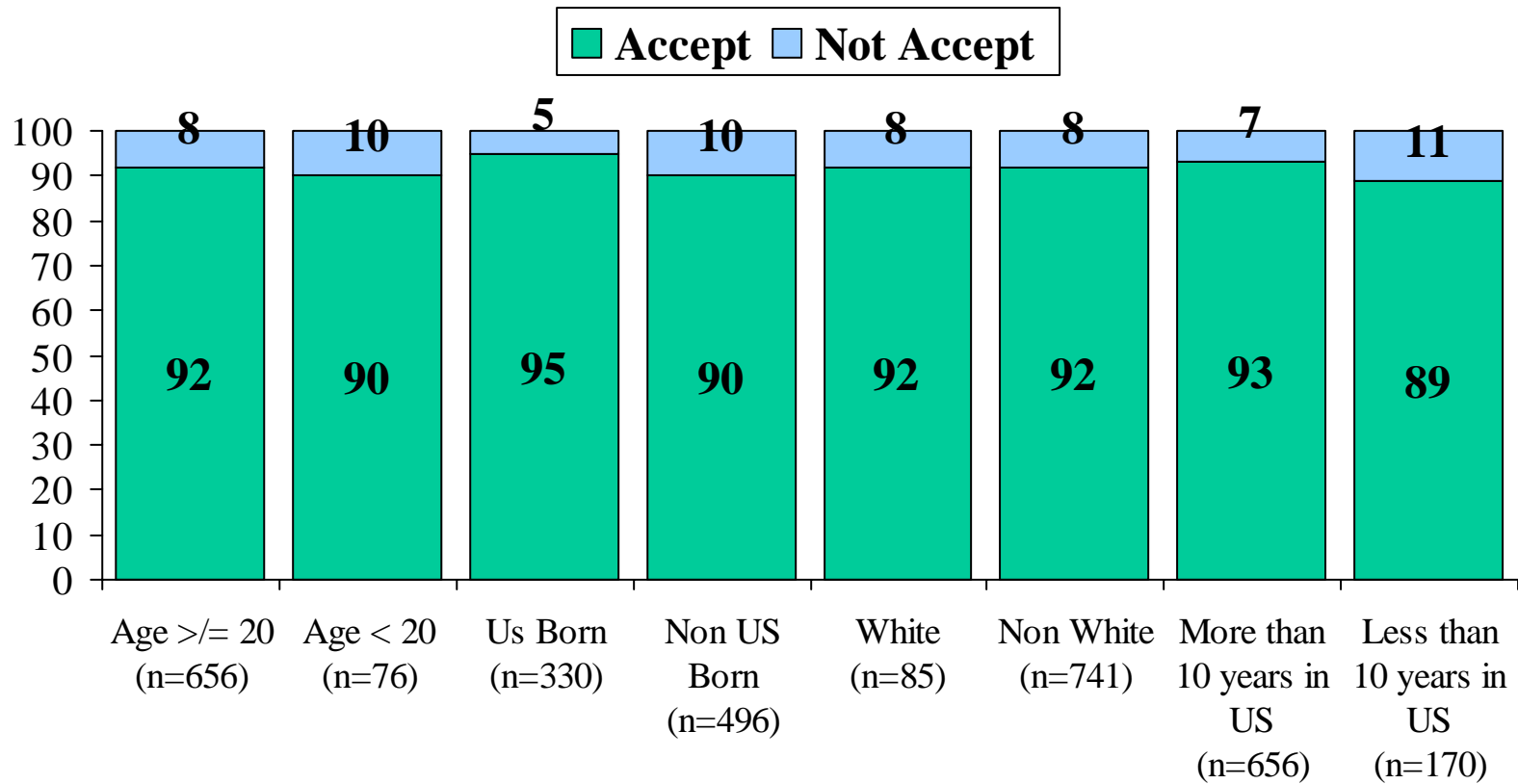
HIV Test Acceptance LAC, 02/02

(n=826)



HIV Test Acceptance LAC, 02/02

(n=826)



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HIV Test Refusal, LAC 02/02

(n=286)

Characteristics	Refusal Percent	OR (95% CI)	p-value
Race:			
White	8.2	1.05 (0.51 – 2.18)	0.83
Non-White	7.8		
Age:			
≥ 20 years	8.0	1.02 (0.96 – 1.08)	0.79
< 20 years	5.8		
Birth Place:			
Non – US born	9.7	1.25 (1.07 – 1.47)	0.01*
Us born	5.2		
Stay in US:			
< 10 years	11.2	1.47 (0.98 – 2.21)	0.08
≥ 10 years	7.0		
Insurance:			
Private	13.9	1.89 (0.76 – 4.69)	0.19
Public	7.6		

* p-value < 0.05

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HIV Test Refusal, LAC 02/02

(n=826)

Characteristics	Percent Refusal	OR (95% CI)	p-value
Facility Type:			
Non-prenatal clinic	10.2	1.33 (0.56 – 3.24)	0.58
Prenatal Clinic	7.7		
Received information about HIV & pregnancy	14.8	2.03 (0.73 – 5.70)	0.16
No	7.6		
Yes			
Received information about treatment in pregnancy:			
No	9.0	1.17 (0.91 – 1.50)	0.28
Yes	6.8		

* p-value < 0.01

Reasons for Not Accepting HIV Test (n=65)

Reason	Total N (%)	Non-Us Born N (%)	US Born N (%)
Afraid	3 (4.6)	1 (2.1)	2 (11.8)
Already Tested	29 (44.6)	18 (37.5)	11 (64.7)
Have to ask husband-	2 (3.1)	2 (4.2)	-----
Monogamous	23 (35.4)	20 (41.7)	3 (17.6)
No reason	4 (6.2)	4 (8.3)	-----
Not at risk	4 (6.2)	3 (6.3)	1 (5.9)
TOTAL	65 (100)	48 (100)	17 (100)

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Conclusions

- Only half (50%) of women reported receiving information about HIV treatment and pregnancy
- Almost all (99%) women reported that an HIV test was offered prenatally and eight percent (8%) did not accept the HIV test.
- Women not receiving information about HIV and pregnancy are twice more likely to refuse test than those who did receive information (OR=2.03)

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Conclusions

- In logistic regression analyses, non-US born were almost 3 times more likely not to accept HIV testing compared to US born and this relationship remained after controlling for other potential confounders. (age, stay in US, facility type, insurance etc.)
- The most common reasons for not accepting the test were:
 - Monogamous relationship for foreign born women (41%)
 - Being already tested for US born women (65%)

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OB/GYN Providers Surveys, PSD 2000 (n=203)

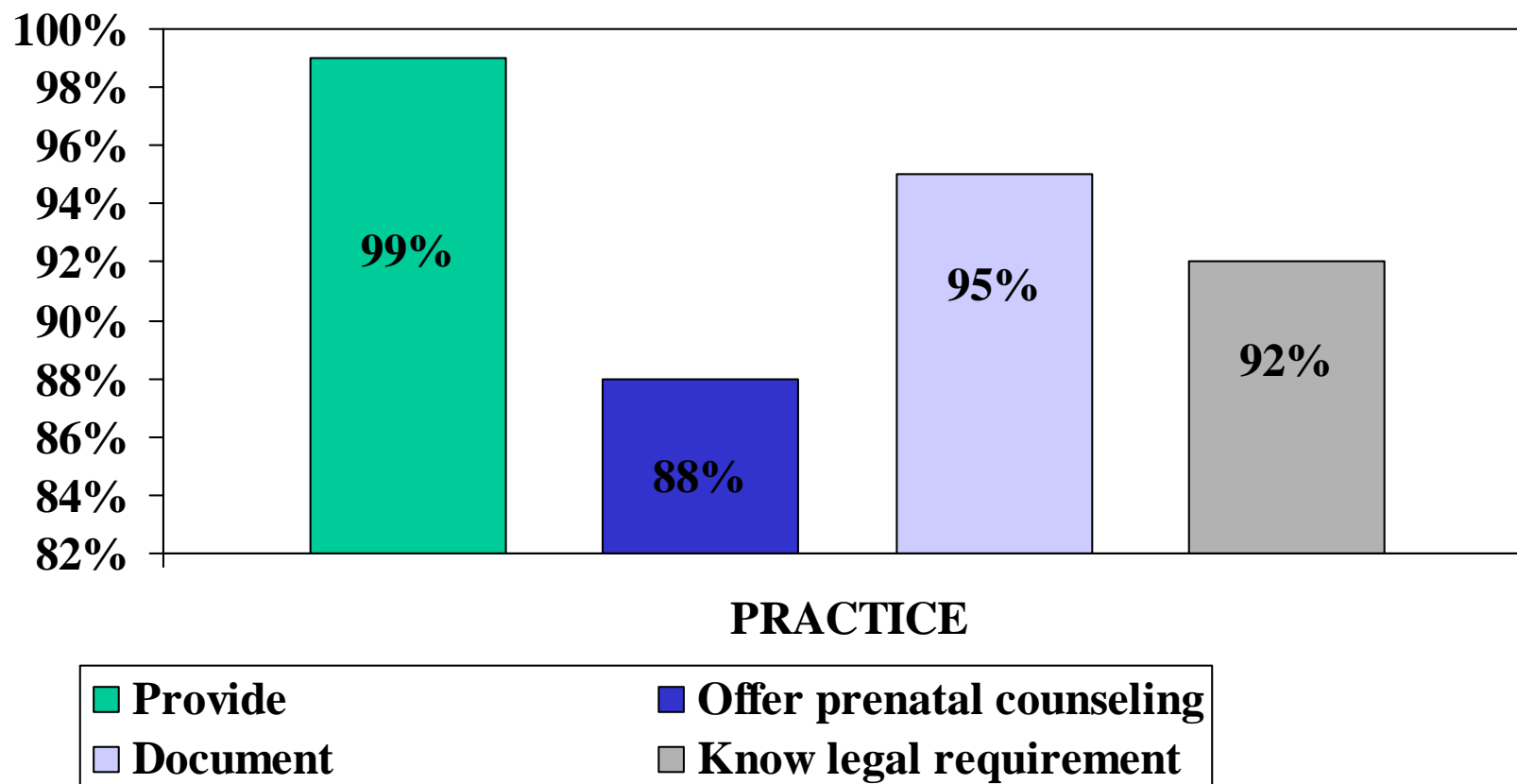
- A telephone questionnaire was administered to a randomly selected ob/gyn provider in charge of prenatal care
- Prenatal HIV screening practice:

– Provide HIV testing	201	99%
– Provided counseling	178	89%
– Document	187	92%

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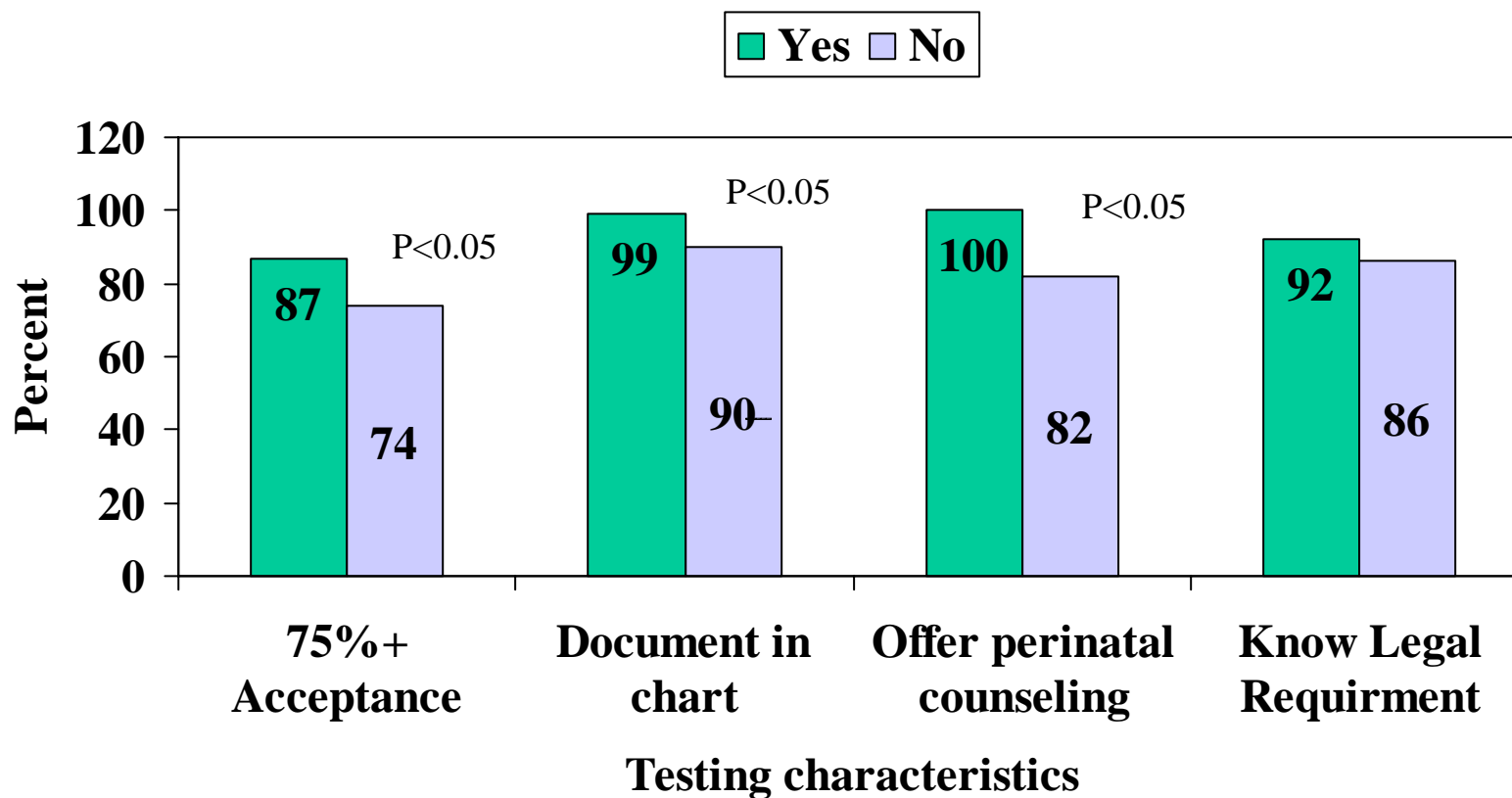
OB/GYN Survey, Perinatal HIV Infection Screening Practice, PSD (n=203)



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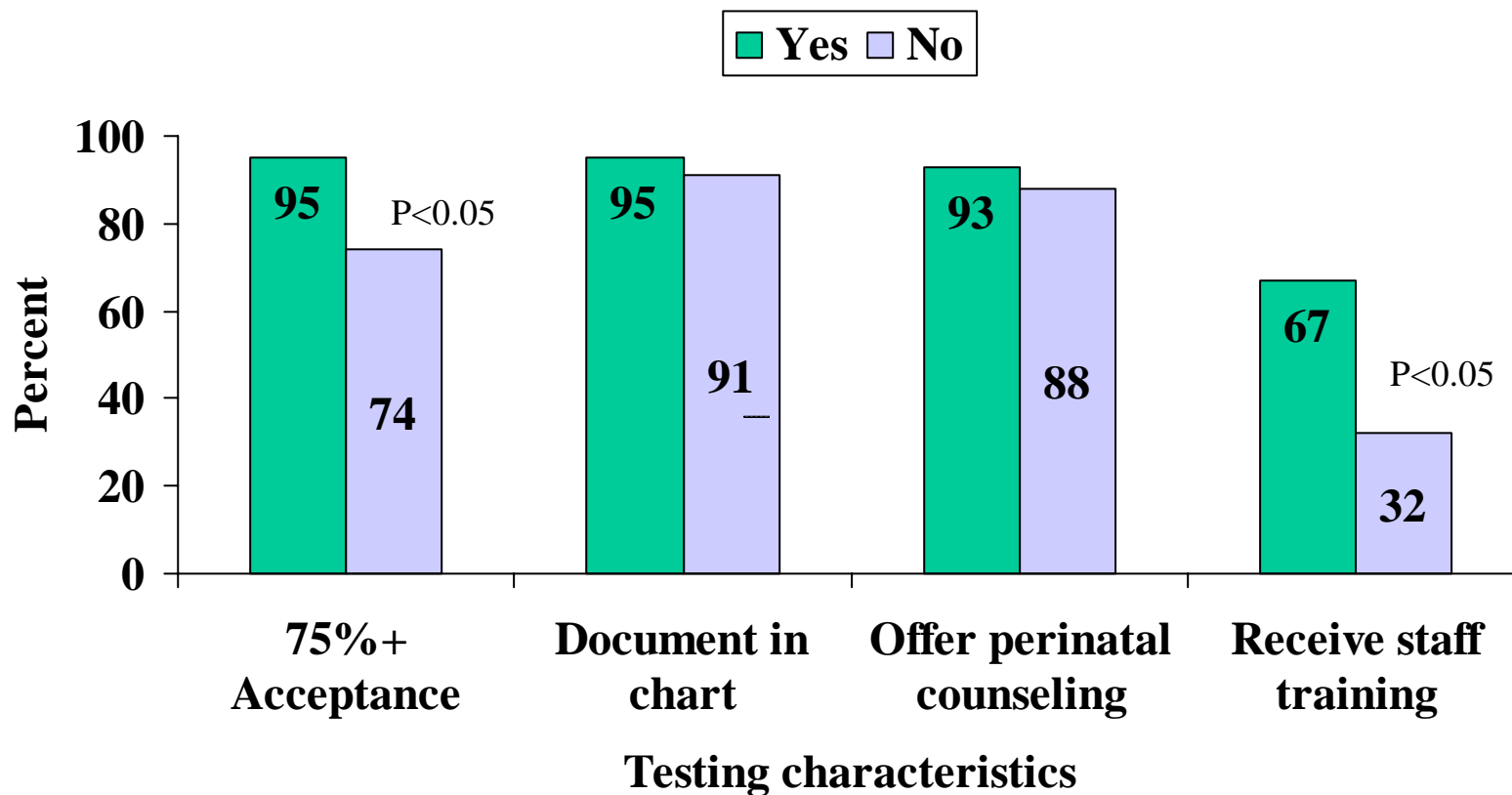
OB/GYN Survey, Testing Characteristics if Respondent had Received HIV Training (n=203)



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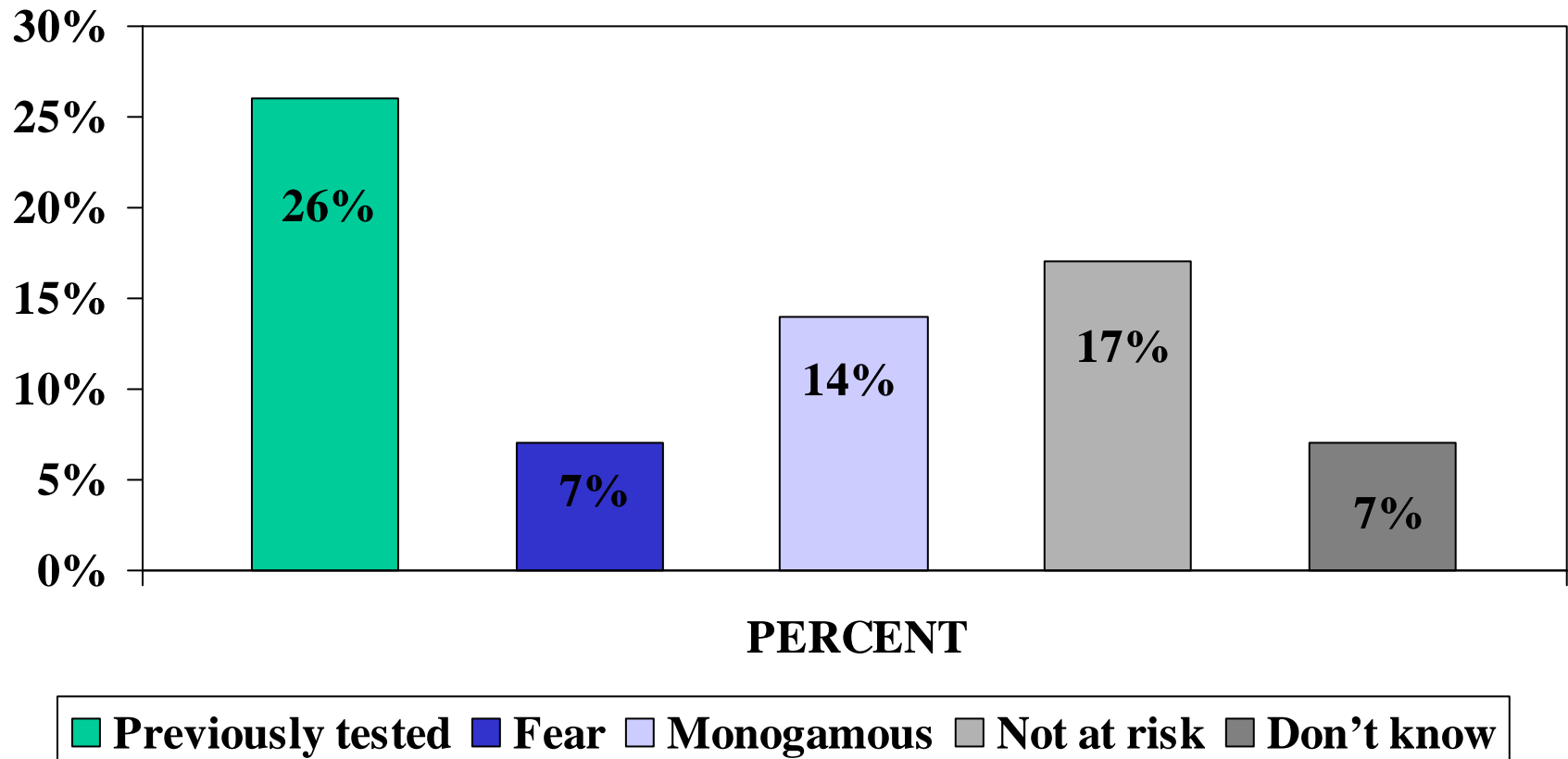
OB/GYN Survey, Testing Characteristics if Respondent had Identified an HIV+ Woman



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OB/GYN Survey, Reasons for Test Refusal, PSD (n=203)



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Summary Findings, OB/GYN Survey, PSD (n=203)

- Fifty seven percent (57%) of providers reported 95-100% acceptance rate, 20% reported 75-94% acceptance rate 10% reported 45-74% acceptance and 11% reported less than 45% acceptance rate.
- Receiving HIV training was associated with more than 75% acceptance rates, documentation in the chart and offering prenatal counseling ($p<0.01$).
- Test acceptance was associated with the practice being in a high seroprevalence area and previously identifying an HIV + woman ($p<0.01$).

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Availability of Educational Materials Specific to Pregnant women (n=33 clinics)

	<u>N</u>	<u>(%)</u>
Brochures:		
Language		
English	29	(88)
Spanish	29	(88)
Contents:		
HIV test	33	(100)
HIV Risk	31	(94)
HIV treatment	15	(46)
HIV & pregnancy	8	(24)
Videos:		
English & Spanish	27	(82)
English only	2	(6)
None	2	(6)
VCR	30	(91)

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Recommendations

- To increase perinatal test acceptance rate:
 - increase the provision of counseling and testing
 - increase the training of providers
 - address ways to educate women who refuse testing because they are monogamous or afraid to know their status
- Special attention for perinatal HIV screening is needed for pregnant women:
 - with no prenatal care, incarcerated/jailed, substance abusers, undocumented, non-English speaking, uninsured, homeless, and teens

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